

Taking the Next Step: Integrating Safety & Wellness

From Oct. 26 to 28, 2004, NIOSH held the Steps to a Healthier U.S. Workforce symposium. ASSE cosponsored the event and assembled a task force to represent the Society at this landmark event. Members of the Wellness Task Force are Jim Ramsay, associate professor of safety and health, University of Wisconsin, Stevens Point; Maureen Johnson, regional well-being manager, IBM Corp.; Fred Drennan, president, Team Safety Inc.; and ASSE's Dave Heidorn. In this interview, they share their impressions of the symposium and what it means to SH&E professionals.

PS: Why did ASSE involve itself in Steps?

Dave Heidorn (DH): An important element of ASSE's government affairs activities is to help ensure that public policymakers are aware of the knowledge and experience of ASSE members, thereby impacting government decision making on matters concerning occupational safety and health. Through ASSE's partnership with NIOSH—recently renewed for three years—ASSE and its members have opportunities to demonstrate that knowledge and experience in NIOSH activities. Such involvement requires members who want to provide leadership to ensure that these opportunities succeed. As the Wellness Task Force, Fred Drennan, Jim Ramsay and Maureen Johnson provided the dynamic for ASSE to participate in Steps. The Society can open the door at federal agencies, but members like these give life to that opportunity and step through the door.

PS: How do other ASSE members benefit from the Society's involvement in Steps?

DH: ASSE member involvement in Steps spreads a positive awareness of ASSE member wellness capabilities. Participants—who included corporate SH&E managers, other professional disciplines and federal agency representatives—learn about that capability. Without ASSE's participation in Steps, there would have been little perspective from the SH&E profession on this issue that, based on the overwhelming interest in Steps, appears to be of growing importance to employers. The members who participated set the stage for other members who want to make this issue part of what they can offer to employers. The common theme of Steps was employers' struggle to contain the rising cost of providing employee healthcare coverage. Wellness efforts that reach beyond the company door can achieve cost savings. Steps opens the door for other members to make this issue part of their professional practice.

PS: How will ASSE further this opportunity?

DH: The Wellness Task Force will continue to seek avenues for ASSE and its members to provide leadership on wellness and to help ensure the role of SH&E professionals regarding this issue. Integrating personal wellness with occupational safety and health is again part of ASSE's PDC program. ASSE is also looking to update publications on this topic. The Society will help NIOSH disseminate wellness information that grows out of Steps and will work to help make sure NIOSH continues to advance this issue. Wellness should have a permanent place in NIOSH's research and activity agenda each year. The success of this symposium should breed greater opportunity for occupational safety and health stakeholders to develop more success on this issue.

PS: Is there truly a lack of integration between safety and health programs at the worksite?

Jim Ramsay (JR): Yes. In fact, there was surprisingly little disagreement about this. Most at the symposium indicated that safety is not well represented in the health policy debate. Most also agreed that there are several inherent economies of scale to be had by a more thoroughly integrated safety and health program—namely that safety and health programs share the same clientele, have similar objectives, have similar missions, and compete for the same time and dollars.

PS: What are some major consequences of developing an "integrated" work environment?

JR: There are several immediate and some latent consequences to a federal policy initiative that looks to more completely integrate safety and health functions at the worksite. First, not enough safety practitioners know how to run comprehensive worksite health promotion programs. Similarly, most worksite health promotion practitioners know nothing about running a compliant occupational safety and health program. Second, what might the curriculum look like that successfully trains an "integrated safety and health practitioner?" Third, moving to a more integrated practice environment suggests that academia needs to produce Ph.D.s who can educate and train tomorrow's practitioners. There currently is no doctoral program in SH&E; without a terminal degree in the discipline, the risk is that safety will continue to be underrepresented in doctoral curricula.

PS: To what degree were the safety community and the environmental community represented at the symposium?

JR: ASSE was the only professional safety association represented at the symposium. The environmental risk management community was not formally invited to my knowledge. Interestingly, I delivered an invited presentation at the National Environmental Risk Managers' Assn. meeting in early October. The topic was the logic and efficiencies of integrating environmental health and health promotion at the worksite. In my assessment, NIOSH and CDC need to offer a dedicated annual symposium with lectures, workshops and activities designed to explore how integration might best be accomplished. Furthermore, NIOSH and CDC need to begin to fund R-01 grants that study how integration might be accomplished and how best to develop and promulgate doctoral programs in SH&E.

PS: Why was it important for employers such as IBM to participate in this symposium?

Maureen Johnson (MJ): I was proud to share information about IBM's accomplishments in the

area of employee well-being and its holistic approach to integrating traditional occupational safety and health programs and preventive health/wellness. As part of our well-being management system, we value continuous improvement, which is made easier by learning from others. This symposium was a wonderful opportunity for people representing diverse organizations and disciplines—safety engineers, industrial hygienists, physicians, and wellness professionals from business, labor, academia, and government—to share successes and challenges.

PS: The influence a business can have on employees' lifestyle choices is limited. Why not stick to workplace safety and health issues to drive a healthier workforce? Wouldn't a new focus on health promotion detract from health protection programs, resulting in more work-related injuries and illnesses?

MJ: An employer cannot control the lifestyle of employees, but we've learned from years of maintaining workplace safety programs the importance of giving workers information to help them make good decisions. Just as we inform employees why they should wear PPE, we can offer information about their personal behaviors and possible consequences. We aren't shifting our focus, we are expanding it. We need to work with those we support—be it business, labor, etc.—to control costs related to injury, illness, absence (work-related or not) and help people realize their full potential on the job.

PS: So what's next?

MJ: In my position, I've seen the value of removing the traditional silos where workplace safety and personal wellness programs are separate. With safety engineers, industrial hygienists, occupational nurses and physicians, and ergonomists united in one organization under the heading of "well-being," then with the addition of our health benefits professionals, IBM has an integrated approach to workforce well-being. The next steps to a healthier U.S. workforce must use the same open-minded, no silos methods, blending disciplines and unifying the groups that need to be involved. Given the enthusiasm I saw at the symposium, I have no doubt this will happen.

PS: What surprised you most about Steps?

Fred Drennan (FD): The biggest surprise was that the symposium sold out. It was gratifying to see considerable interest in integration. I was a little disappointed to find that attendance was overwhelmingly weighted toward M.D.s, Ph.D.s and public health officials compared to safety professionals.

PS: What accounts for this disparity?

FD: Two reasons. First, NIOSH has long-standing relationships with academia and public health organizations, a group that greatly outnumbers safety professionals. NIOSH is a well-established research organization that focuses inherently on epidemiology and is largely supported by experts in that field. This alone would generate more attendance from that sector. Second, most safety professionals continue to

focus on compliance and popular safety programs from behavior-based safety to safety bingo. The relationship between lack of basic health and fitness and lost-time injuries continues to slip under their radar. I'm hoping the Steps initiative will begin to enlighten management and safety in this regard.

PS: What will be the greatest challenge in this endeavor?

FD: NIOSH has two major challenges. First, it must identify research and demonstration projects that convince key decisionmakers of the value to both large and small organizations. Employers that have already invested in less-than-successful worksite wellness programs—low participation, low ROI—may be reluctant to invest more.

Perhaps the biggest challenge will be to achieve a meeting of the minds between two very different professions—health promotion and industrial safety. For more than 30 years, safety professionals have reduced frequency, severity and fatalities in the workplace. Just the opposite has occurred in health promotion. Obesity is epidemic and more than 700,000 Americans die each year as a result of unhealthy lifestyle choices such as smoking, poor diet and physical inactivity—all of which impact worker safety and performance. Health promotion has much to learn from the safety profession in terms of on-the-job application. The healthcare community eclipses the safety profession in numbers, academic certification opportunity and financial clout, and will hold fast to its territory. NIOSH will have to facilitate a paradigm shift if integration is to evolve into policy and practice.

PS: This will take a significant investment in time and resources. What can the safety professional do in the short term?

FD: If a tool has a frayed electric cord, you don't overhaul the main power supply, you repair the cord. The same is true in helping workers adopt healthier lifestyles. Safety professionals don't need a Ph.D. to begin the integration process. For example, daily flexibility/strength exercises can counter the effects of cumulative trauma, reduce fatigue and improve productivity. This is integration closest to the source. An information-based wellness program is better than nothing, but leading workers to do something healthy each day will have a greater impact and become a catalyst for continued improvement.



The Steps symposium provided a great opportunity for ASSE members to showcase their knowledge and experience. Pictured (left to right): ASSE Wellness Task Force member Jim Ramsay; NIOSH's Greg Wagner; Tina Drennan; ASSE Wellness Task Force member Fred Drennan; and ASSE's Dave Heidorn.

Call to Action

NIOSH Director John Howard opened the three-day Steps symposium with a call-to-action keynote, calling the event the first step toward building a partnership between health protection and health promotion. "Our partnership should be a synergy of prevention strategies whose objectives are more than achieving zero adverse work-related outcomes, but rather a holism where work is self-defining in the most enhancing way possible, where a worker can enjoy any retirement years with intact health, and where health-enhancing behaviors are valued and promoted in the workplace along with safety and health protection," he said.